## **CITY OF ANGELS**

571 STANISLAUS SUITE J, P.O. BOX 667, ANGELS CAMP, CA 95222 BUILDING OFFICIAL 209-736-1346

## APPLICATION FOR BUILDING PERMIT

**Office Use Only** 

	Permit Application: #BP				
APPLICANT		DATE			
JOB LOCATION		A	.P.N		
PROPERTY OWNER_		PHONE			
ADDRESS					
BUILDING CONTRAC	TOR	PHONE			
ADDRESS					
CONTRACTOR LICEN	ACTOR LICENSE # JOB VALUE				
SCOPE OF WORK					
New Structure	RemodelDemoSign _	Electrical	Plumbing	Mechanical	
	Garage/Carport Sq. Ft				
WORKER'S COM	PENSATION DECLARATIO	ON			
	L MAINTAIN A CERTIFICATE OF CONS E, FOR THE PERFORMANCE OF THE W				
OF THE LABOR CODE, FO	MAINTAIN WORKERS' COMPENSATION MAINTAIN WORKERS' COMPENSATION MAINTAIN WORKERS OF THE WORKER MAINTAIN WORKERS OF THE WORKERS MAINTAIN WORKERS OF THE WORKERS OF THE WORKERS MAINTAIN WORKERS' COMPENSATION OF THE WORKERS OF THE W	FOR WHICH THIS P			
CARRIER	CARRIER POLICY NO				
[THIS SECTION NEED NO	T BE COMPLETED IF THE PERMIT IS F	OR ONE HUNDRED	DOLLARS (\$100)	OR LESS]	
Office Use Only: C	Check California Contractors S	State Board	Date		
<b>Expiration Date of</b>	Workers' Compensation :				

I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS IS EMPLOY ANY PERSON IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKES OF CALIFORNIA, AND AGREE THAT IF I SHOULD BECOME SUBJECT TO THE WORKES PROVISIONS OF SECTION 3700 OF THE LABOR CODE, I SHALL FORTHWITH COMPLY WITH COM	RS' COMPENSATION LAWS S' COMPENSATION
DATE APPLICANT	
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FIN HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTERFEES.	ES UP TO ONE COMPENSATION
I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABO CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND ST BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CO UPON THE ABOVE-MENTIONED PROPERTY FOR INSPECTION PURPOSES.	ATE LAWS RELATING TO
SIGNATURE OF APPLICANT OR AGENT	DATE

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